

COMBINED DECLARATION FOR PATENT APPLICATION AND POWER OF ATTORNEY

(Includes Reference to PCT International Applications)

ATTORNEY'S
DOCKET NUMBER

As below named inventor. I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Analytical Method and Apparatus Therefor

the specification of which (check only one item below):

☐ is attached hereto

☐ was filed as United States application Serial No _____ on _____ and was amended on _____ (if applicable).

☒ was filed as PCT international application Number PCT.GB98.02711 on 09-Sep-1998

and was amended under PCT Article 19 on _____ (if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, §1.56 and all information which became available between the filing of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under Title 35, United States Code. §119 (a)-(d) or §365(b) of any foreign application(s) for patent or inventor's certificate or 365(a) of any PCT international application(s) designating at least one country other than the United States of America listed below and have also identified below any foreign application(s) for patent or inventor's certificate or any PCT international application(s) having a filing date before that of the application(s) on which priority is claimed:

PRIOR FOREIGN/PCT APPLICATION(S) AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. 119:

COUNTRY (if PCT indicate PCT)	APPLICATION NUMBER	DATE OF FILING (day, month, year)	PRIORITY CLAIMED UNDER 35 USC 119
1. United Kingdom	9719142.3	09-Sep-1997	
2.			
3.			
4.			
5.			

I hereby claim the benefit under Title 35, United States Code §119(e) of any United States provisional application(s) listed below:

Application No..	Filing Date (MM/DD/YYYY)	
1.		
2.		
3.		
4.		
5.		

POWER OF ATTORNEY: I (We) hereby appoint as my (our) attorneys, with full powers of substitution and revocation, to prosecute this application and transact all business in the Patent and Trademark Office connected therewith : J. Ernest Kenney, Reg. No. 19,179; Eugene Mar, Reg. No. 25,893; Richard E. Fichter, Reg. No. 26,382; Charles R. Wolfe, Jr., Reg. No. 28,680; Thomas J. Moore, Reg. No. 28,974; Bruce H. Troxell, Reg. No. 26,592.

Send Correspondence to:
Bacon & Thomas
625 Slaters Lane, Fourth Floor
Alexandria, VA 22314

Direct Telephone Calls to:

1-00

1. Inventor's signature *CD Bevan* Date 13 MARCH 2000
Inventor's Name (typed) Christopher David BEVAN Nationality: British
First Middle Initial Family Name Citizenship
Residence (City) LONDON (State/Foreign Country) UK GBX
Post Office Address Glaxo Wellcome plc, Gunnels Wood Road, Stevenage, Hertfordshire, SG1 2NY,
United Kingdom

2-00

2. Inventor's signature [Signature] Date 13 MARCH 2000

Inventor's Name (typed) Alan Peter HILL Nationality: British

First Middle Initial Family Name Citizenship

Residence (City) LONDON (State/Foreign Country) UK GBX

Post Office Address Glaxo Wellcome plc, Gunnels Wood Road, Stevenage, Hertfordshire, G1 2NY,

United Kingdom

3. Inventor's signature [Signature] Date 15. March 2000
 Inventor's Name (typed) Derek Peter REYNOLDS Nationality: British
 First Middle Initial Family Name Citizenship
 Residence (City) London (State/Foreign Country) UK GBX
 Post Office Address Glaxo Wellcome plc, Gunnels Wood Road, Stevenage, Hertfordshire, SG1 2NY,
United Kingdom

4. Inventor's signature _____ Date _____
Inventor's Name (typed) _____
First Middle Initial Family Name Citizenship
Residence (City) _____ (State/Foreign Country) _____
Post Office Address _____
5. Inventor's signature _____ Date _____
Inventor's Name (typed) _____
First Middle Initial Family Name Citizenship
Residence (City) _____ (State/Foreign Country) _____
Post Office Address _____
6. Inventor's signature _____ Date _____
Inventor's Name (typed) _____
First Middle Initial Family Name Citizenship
Residence (City) _____ (State/Foreign Country) _____
Post Office Address _____
7. Inventor's signature _____ Date _____
Inventor's Name (typed) _____
First Middle Initial Family Name Citizenship
Residence (City) _____ (State/Foreign Country) _____
Post Office Address _____
8. Inventor's signature _____ Date _____
Inventor's Name (typed) _____
First Middle Initial Family Name Citizenship
Residence (City) _____ (State/Foreign Country) _____
Post Office Address _____